



TEXAS DEPARTMENT OF INSURANCE

General Counsel Division - Legal Section (MS-4D)

7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645

(512) 804-4703 | F: (512) 804-4276 | (800) 372-7713 | TDI.texas.gov | @TexasTDI

memo

To: Workers' Compensation System Participants

From: Tracey Beaver, Director, Office of Workers' Compensation Counsel

Date: December 14, 2015

RE: Revisions to DWC Form-048, Request for Travel Reimbursement

The Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC) is accepting public comment on revisions to DWC Form-048, *Request for Travel Reimbursement*.

Revisions to DWC Form-048 incorporate amendments to 28 Texas Administrative Code (TAC) §134.110(a), effective March 30, 2014, that permit an injured employee to request reimbursement from an insurance carrier for certain travel expenses to attend a designated doctor examination, required medical examination, or post-designated doctor examination. The revisions include separating English and Spanish versions of DWC Form-048 and updating the format and style for consistency with other DWC forms, including adding plain language. Revised DWC Form-048 adds a "Things to Know" section to provide additional information about travel reimbursement. An informal draft of revised DWC Form-048 was previously posted on the TDI-DWC website on May 18, 2015, with an informal comment period ending June 1, 2015. In response to public comments, TDI-DWC added a box for the insurance carrier fax number and deleted the "Reimbursement Requested" column.

An injured employee may request reimbursement from the insurance carrier for travel expenses incurred while seeking medical treatment for a compensable injury not reasonably available within 30 miles from where the injured employee lives or traveling to attend certain examinations if the distance traveled is greater than 30 miles one way. An injured employee must use DWC Form-048 to request travel reimbursement. If the insurance carrier denies or partially denies the request, the insurance carrier must send a plain language explanation to the injured employee explaining the reasons for the denial or partial denial.

The revised draft form is currently available on the Texas Department of Insurance website at <http://www.tdi.texas.gov/wc/rules/drafts.html>. The public comment period closes December 28, 2015, at 5 p.m. CST.

Public comments must be submitted to:

Texas Department of Insurance, Division of Workers' Compensation
Maria Jimenez
Workers' Compensation Counsel MS - 4D
7551 Metro Center Drive, Suite 100
Austin, Texas 78744-1645
Email: InformalRuleComments@tdi.texas.gov

The comments may be emailed, mailed, or personally delivered.